2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006217

HEIM, STEPHANIE

701 WESTERN AVE

GLENDALE, CA 91201

Name:

Address: City-St-Zip:

Entity Name: PUBLIC STORAGE PICKUP & DELIVERY, INC.

FILED Feb 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 701 WESTERN AVENUE GLENDALE, CA 912012349 **Current Mailing Address: New Mailing Address:** 701 WESTERN AVENUE GLENDALE, CA 912012349 US FEI Number: 95-4594912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO () Delete () Change () Addition Name: REYES, JOHN Name: 701 WESTERN AVENUE Address: Address: City-St-Zip: GLENDALE, CA 91201 City-St-Zip: Title: Title: () Delete () Change () Addition BAUMANN, JOHN S Name: Name: 701 WESTERN AVE Address: Address: GLENDALE, CA 91201 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ADAMS, DREW Name: Name: 701 WESTERN AVE Address: Address: City-St-Zip: GLENDALE, CA 91201 City-St-Zip: Title: CEO () Delete Title: () Change () Addition MILLER, THOMAS Name: Name: Address: 701 WESTERN AVE Address: City-St-Zip: GLENDALE, CA 91201 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE:	DREW ADAMS	VP	02/09/2007